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CONFIRMATION NO. 4790

<b>SERIAL NUMBER</b> 10/730,873	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-332US01
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/431,854 12/09/2002 and claims benefit of 60/471,262 05/16/2003  
 and claims benefit of 60/503,945 09/20/2003  
 and claims benefit of 60/503,946 09/20/2003  
 and claims benefit of 60/507,857 10/01/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 none - 07/07/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 03/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: 07/07/06 Initials:	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
28863

**TITLE**  
Overmold for a modular implantable medical device

<b>FILING FEE RECEIVED</b> 1774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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